

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

US vs Calvert

FOR

FILED

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

PERSON REPRESENTED (Show your full name)

Fred Calvert

OCT 26 2007
October 26, 2007MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

CHARGE/OFFENSE (describe if applicable & check box)

☒ Felony
☐ Misdemeanor

- ☒ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify) _____

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment Sept 2006 How much did you earn per month? \$ 725
		If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	
CASH	Have you any cash on hand or money in savings or checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ 50	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents 5	List persons you actually support and your relationship to them
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: none right now	Creditors	Monthly Pay.

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

10/26/07

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Fred Calvert